



Final Report March 31, 2008					
Project Number:	#0001-06 – PEIF2				
Project Title:	Practice Education Quality and Infrastructure in Health Care Organizations: Indicators, Measures and Tools				
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Project Dates:	Start:	July 31, 2007	Project Draft Final Report December 15, 2007	Project Final & Extension Report March 31, 2008	
Project Overview:	<p>The BC Academic Health Council's 2005 Post-Summit Action Plan for Student Placements (available at www.bcahc.ca) calls on both health authorities and education institutions to “consider enhancement of dedicated resources for practice education of health profession students”.</p> <p>Recent PEIF system level projects highlighted the need for a more comprehensive and systematic articulation of the characteristics of quality in clinical practice education, in order to guide change and investment by health authorities.</p> <p>This project used a well established framework for quality in education (the Baldrige criteria) to guide development of practice education quality improvement tools for health authorities. Health care organizations can use the tools to systematically assess their strengths and gaps in providing quality practice education environments.</p> <p>This resource will enable education leaders in health authorities to develop a compelling business case for specific investments in practice education, supported by assurance that investments will be aligned towards quality outcomes and shared goals.</p>				

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Acknowledgements

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Collaborated with Vancouver Coastal Health Authority (VCHA) PEIF Project “*Factors that Contribute to Successful Clinical Practice Learning Experiences (Practicum) from Student, Staff and Instructor Perspectives*” Team

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Overview / Summary

This project advanced practice education in BC by:

1. **Developing and posting a literature review**, compiling and sharing clear and comprehensive information on quality practice education (PE) models including relevant standards, benchmarks, and supporting processes, practices and resources at the organizational level.
Findings of the literature review were reported using a well established framework for quality in education (the Baldrige criteria) to focus on providing the rationale and tools to enable health care organizations to systematically assess their strengths and gaps in providing quality practice education environments. Literature review available at:
http://www.hspscanada.net/docs/quality_indicators/quality_indicators.pdf
2. **Strengthening the dialogue among practice education leaders** from diverse disciplines and both health and post-secondary education sectors from across the province. This occurred in a June 2007 workshop where participants worked with the literature findings regarding PE quality indicators, and provided feedback on measurability, importance, and relevant organizational level of over 80 potential indicators.
3. **Developing organizational assessment tools** that health authorities can use to assess how they support practice education and where there is potential for improvement. Assessment tools are available at:
<http://www.hspscanada.net/managing/resources.asp>. This resource will enable education leaders in health authorities to develop a compelling business case for specific investments in practice education, supported by assurance that investments will be aligned towards quality outcomes and shared goals.
4. **Supporting effective dissemination of these resources** as follows:
 - enhanced provincial practice education web resources managed on an on-going basis through BCAHC
 - immediate dissemination to PE leaders through grants for regional initiatives related to PE quality improvement tool dissemination and related PE infrastructure development activities in spring 2008.
5. **Providing the information and resources to enable a specific strategy for PE quality assessment in BC's 2008 Practice Education Strategic Plan.**
Strategic direction number 4 - Strengthen PE Management has as a goal: "B.C.'s practice education system is effectively managed using appropriate structures, processes and tools...". One strategy to enable this is: *Strengthen PE infrastructure in health authorities, using Practice Education Quality Checklists to support assessment.*

Collaboration with Vancouver Coastal Health (VCH) PEIF Project:

This project collaborated with the VCH project, *Factors that Contribute to Successful Clinical Practice Learning Experiences (practicums) from Student, Staff and Instructor Perspectives* (see PEIF Project Reference Guide, pp 106-7). The VCH project team contributed to the understanding of relevant factors for students, preceptors, staff and faculty in the delivery of quality practice education via an extensive survey and careful analysis of quantitative and qualitative information. Preliminary findings from this work were presented at the June / 07 workshop and informed participants feedback on the first round of indicators. The findings also were used as a resource in prioritizing indicators for the quality assessment tools, and the VCH project team was included in a small group of key informants invited to provide round two feedback.

Engagement of Diverse Practice Education Leaders & Representatives:

The project proposal was endorsed by members of the Practice Education Collaborative of BC (PECbc), representing all BC health authorities and a cross-section of post-secondary education (PSE) institutions and associations. This task group of the Health Authorities Working Group (BCAHC Practice Education Committee) had acted as a steering committee for two earlier PEIF system-level projects to develop: Practice Education Guidelines, and Affiliation Agreement Templates.

PECbc members remained interested and active in the Quality Self-Assessment Tools development process, along with other PE leaders. Seventy-five participants attended the June/07 workshop and provided feedback on PE quality indicators. Their interest and involvement is much appreciated and has added greatly to the process of tool development.

Objectives / Deliverables

The self-assessment checklists for practice education quality in health authorities developed by this project reflect an understanding that student¹ practice education²

¹ "Students" refers to all undergraduate and graduate students in health services professions, including interns and residents, who are involved in a practice education experience. Students from non-clinical programs may also have practice experiences in health authority service units, such as information management and human resources. Some or all of the quality criteria may apply. Students who are placed in a health authority for the primary purpose of doing research are not addressed, as the supports required for them are quite different.

² "Practice education" is that part of a student's educational experience which takes place in the workplace and may involve direct patient care or access to patient information. In such an experience, the student may provide services to and for the benefit of patients/families. The student provides such services under the general direction and supervision of health authority staff or education institution staff, who are practicing professionals, and are authorized and qualified to provide the services. Note: in this checklist,

is a strategic issue for health care organizations. They draw on a careful review of literature and stakeholder consultation regarding quality management in health care education. The result is relevant and focused tools to support a systematic and comprehensive approach to practice education infrastructure assessment.

The checklists are a 'first step' resource, intended to support practice education quality review, planning, and improvement. Indicators in the checklists are cross-referenced to relevant – Canadian Council on Health Services Accreditation (CCHSA) – Achieving Improved Measurements (AIM) – Human Resources component standards.

Many items are important to organizational risk management, health and safety, human resources recruitment and retention, and aspirations to be 'learning organizations'.

Use of the checklists is proposed as a voluntary and self-guided process. By using them, organizations and programs will be able to identify potential gaps in strategy, infrastructure or processes. The process of completing the self-assessment and communicating its results is expected to increase dialogue and understanding of PE issues and opportunities, and therefore guide clinical programs and service units (e.g. Human Resources; Quality, Safety & Risk Management; Information Management, etc) in a strategic and comprehensive approach to practice education.

Specific project objectives and deliverables were as follows:

objective: investigate the research and 'grey' literature for the existence and range of PE quality standards / benchmarks and the processes, practices and resources that support them in health care organizations

deliverable: Context and early highlights of literature review shared with VCH project team and selected PE stakeholders; literature review report completed and posted at http://www.hspscanada.net/docs/quality_indicators/quality_indicators.pdf

- **objective:**
 - Strengthen PSE and HA relationships through a collaborative investigation of the definition of quality in PE
 - Assess the potential quality indicators in the context of expectations and responsibilities of health organizations in practice education
 - Identify components of PE that have previously received limited attention and are foundational to enabling quality PE and manage PE capacity and targets efficiently and effectively; specifically quality indicators for PE at an organizational level, and dedicated PE resource requirements.

deliverable: Quality in PE in BC Health Organizations one day workshop, June 2007

references to staff are intended to also include independent practitioners, such as physicians, working in the health authority and participating in the provision of practice education.

- **objective:** PE organizational assessment tools developed
deliverable: Two self-assessment tools developed, one for health authority corporate practice education leaders and one for clinical program and/or service unit leaders. Tools reflect key categories for quality as identified in the literature review, and input from the June workshop on both style and priority content given the current status of practice education infrastructure in BC. They also highlight linkages of each of the tool measures to CCHSA criteria. The tools target two levels of PE leadership: health authority corporate leaders and clinical program / service unit leaders. The tool consists of a total of sixteen to twenty indicators, distributed among four broad categories:
 - Practice education leadership, strategy, and engagement
 - Building practice education capacity and tracking performance
 - Practice education collaboration and innovation
 - Practice education delivery and supports.In each category, there are one or two 'first level' items, selected as 'foundational' for strategic management of practice education. Additional 'second level' items stretch the scope of self-assessment further where there is organizational readiness. The checklist tool reflects guidance from BC practice education leaders in both the health and post-secondary education sectors regarding priority areas for attention in BC in 2007 to address practice education infrastructure needs.

Project extension (December 2007 – March 2008) objectives and deliverables were:

- **Objective:** to design an appropriate BC Managing Practice Education page and sub-pages for the website of BC Academic Health Council.
Deliverable: This website will provide information about new 'made in BC' PE tools, and integrate content from the earlier document "Managing Practice Education". It will also integrate/link with other PE information (eg. preceptor development initiative).
- **Objective:** to run a small, regional grants program to promote and support PE dissemination and quality improvement activities across the province
Deliverable: small grants per region made available to facilitate regional initiatives, designed to take place in spring 2008.

Project Outcomes

The discussion of quality of practice education in BC was informed by a significant effort to systematically and comprehensively understand the organizational factors which contribute to quality, based on 'best practices' as of 2007. This discussion occurred in an open and transparent manner, involving all interested stakeholders from both health and education sectors and all disciplines.

FINAL REPORT

The quality assessment in practice education literature review and two early draft self-assessment checklists for use in health authorities were circulated to members of BCAHC's Practice Education Committee and participants at the June 2007 Quality Assessment Workshop. The final version self-assessment checklists were presented to the November 4, 2007 Practice Makes Perfect (PMP) International Conference in Vancouver. In addition, 250 hard copies were distributed at the PMP conference. The final versions are readily available for reference and use by anyone provincially, nationally or internationally. They are also available in PDF format through HSPnet: link to www.hspcanada.net and click on *Managing Practice Education*, then *Resources*.

BCAHC Practice Education Committee is identified in the assessment checklists as the 'owner', and as interested in feedback on the tool. This provides leadership and accountability for future analysis of tool uptake, impacts and trends in findings, improvements or updating.

Feedback on the tools has been invited via text in the tool itself, in recognition that this project has resulted in a starting place for quality assessment in clinical practice education. Feedback is invited to BCAHC's Practice Education Committee, who holds the copyright for the document.

HSPnet has developed a Report Card template, drawing on the range of data held in HSPnet and reflecting quality management indicators highlighted in this PE quality assessment tools project. This will support routine monitoring of a number of key quality indicators, and completion of the self-assessment tool. A provincial report card template is designed to roll up to a national Report Card, intended for review by the National HSPnet Alliance Steering Committee. As of winter 2008, it is being tested for HSPnet-BC and distributed to other provinces for feedback.

The provincial Report Card includes data contributing to indicators identified in the PEIF project:

Clinical Leaders:

- Category 2A - Data for regular planning and decision making related to practice education
- Category 2C - Key quality indicators for PE performance and routine processes to capture and review data to support performance and trend monitoring
- Category 3C - Implementation of available and emerging technology and education models to improve practice education efficiency and effectiveness

Corporate Leaders:

- Category 2A - Processes and systems organization-wide to assist effective practice education management
- Category 2C - Corporate-level performance monitoring and reporting for practice education, supported by relevant data

The Report Card template also includes performance indicators relating to HSPnet adoption, user satisfaction, and performance.

The 2008 BC Practice Education Strategic Plan, in development through 2007 by BCAHC's PE Committee, recognizes the availability and value of these new PE infrastructure assessment tools by proposing their use in strategy 4. ii: *Strengthen PE infrastructure in health authorities, using Practice Education Quality Checklists to support assessment.*

As of February 28, 2008, and in collaboration with BC Academic Health Council (BCAHC), the design and plan is underway for Web pages for Managing Practice Education, providing information about new 'made in BC' PE tools. These are expected to be uploaded shortly (April 2008). The Practice Education Committee of BCAHC will be responsible for the stewardship of these web pages as a provincial resource on an on-going basis.

Regional grants were distributed on February 20, 2008 to practice education infrastructure leaders in five of six BC health authorities in response to their proposals for activities that will promote and support PE dissemination and quality improvement activities in their region. Activities will be carried out between January 20, 2008 and May 31, 2008, and reports made on these activities will be made to the Practice Education Committee of BCAHC, via the Health Authority Working Group.

Key Lessons from the Project

Finding – significant inter-sectoral support for an organized and comprehensive approach to quality assessment in clinical practice education, as a support for strategic planning, resource investment, and quality improvement.

Interest and enthusiasm for this work was apparent from the response of the diverse group of stakeholders at the June 2007 workshop, the reception to the report and the checklists themselves at the November 2007 conference, and the uptake on the small grants for regional dissemination initiatives in winter/spring 2008.

Education sector representatives noted at both events that development of similar tools for use in the PSE environment may be desirable, and the current checklists may be a useful starting place for such work.

Finding - HSPnet recognized as important resource to support quality assessment tool dissemination, use, reporting and trend monitoring

HSPnet provides a readily accessible location for key resources for clinical practice education, in addition to its role in database creation and management.

Assuming positive feedback on this initial tool, it may be appropriate to look at further investments in HSPnet to enable use of the tool on-line, with automated reporting and trend monitoring functions.

Finding – sustainability of knowledge exchange province-wide, across professions and across health and education sectors, is enabled most effectively in BC through the work of the Practice Education Committee of BC Academic Health Council. It is the appropriate steward of the information resources and tools developed, and with

necessary resources and supports can follow up in future to evaluate the uptake and impact of the information, indicators and tools developed.

Conclusions

As a result of this project, practice education leaders in health authorities have a short but comprehensive tool to assist them in understanding and assessing the organizational requirements which will enable the delivery of practice education at standards appropriate to the expectations of stakeholders.

This is expected to improve the ability of health authority practice education leaders to make the case in their organizations for appropriate organizational structures, processes and resources to support sustainable, high quality clinical practice education.

The information gained through this project and the resulting resources and tools will be available through the BCAHC website on an on-going basis, alongside other system resources for practice education management. This is an important contribution to coordination and integration of efforts to improve the quality and infrastructure for practice education in the province, and models inter-professional, inter-sectoral collaboration.

Recommendations

The value of the project will be fully realized if appropriate follow up occurs:

1. BCAHC Practice Education Committee
 - i. Establishes a working group on quality assessment, with a mandate to: analyse feedback on the tools, monitor use of the tools, seek and collate findings of organizations using the tool where there is willingness to share results, and as a basis for tool improvement and statements as appropriate on trends in practice education quality in BC over time.
 - ii. Supports any further enhancements to HSPnet which are likely to improve quality tool use and reporting.
 - iii. Promotes on-going inter-sectoral dialogue on quality assessment of clinical practice education in BC, including development of post-secondary education sector tools for self-assessment if appropriate.

Financial Report

Total funds approved by PEIF: \$125,000

Funds received to date \$100,000

Contribution from other funding sources (specify source):

Note: the above funding does not support costs by participating organizations. Significant contributions were made by all participating organizations with respect to time of senior staff, administrative support, materials, facilities, intellectual property, technical support, and communication support.

Project Personnel	Budget 2006 7/ 31 /06 to 3/31/07	Actual 7/ 31 /06 to 3/31/07	Budget 2007 4/01/07 to 12/14/07	Actual 4/1/07 to 3/14/08
Project coordination & administration	\$5,000			4,091.31
- Project start up - charter, workplan,	\$3,500		\$6,500	5,746.09
- Provincial workshop coordination			\$3,500	3,936.21
- Project completion - evaluation, final reporting	\$3,000		3,000	6,000.00
Admin support:				
Project consultant(s)				
• quality in PE within health care organizations: literature review and report -- 20 days	\$20,000	14,849.94		4,315.46
• action planning workshop: PE quality in BC health care organizations - design, deliver, report - 10 days			\$10,000	10,034.66
• PE organizational assessment tool and discussion guide development, testing, finalization - 10 days			\$10,000	12,327.77
HSPnet coordination of needs assessment of existing PE information systems, including HSPnet, to identify data and processes needed to support quality PE in health care:	\$18,000		\$7,000	23,579.97
• Information requirements and comparisons - literature and industry review and report - 8 days				
• Province-wide consultation, synthesis, recommendations & action planning Workshop participation & support - 12 days				
• Business case support - 5 days				



Project Non-Labour	Budget 2006 7/ 31 /06 to 3/31/07	Actual 7/ 31 /06 to 3/31/07	Budget 2007 4/01/07 to 12/14/07	Actual 4/1/07 to 3/14/08
Travel & Accommodation: Regional Grants			\$16,000	18,673.55
Communications - consultant	\$2,000		\$2,000	8,081.60
Material & Supplies / Printing	\$3,000		\$3,000	4,467.51
Services & Equipment / Synthesis, Recommendations & Action Planning Workshop direct costs (catering, facilities, etc)	\$1,500		\$8,000	5,882.17
Total	\$56,000	14,849.94	\$69,000	\$107,136.30
DIFFERENCE				125,000.00
Funds Remaining				<u>121,986.24</u> 3,013.76

This includes invoices/expenses received up to March 31, 2008.

Financial Summary:

Approved PEIF Project total	125,000.00
Total Funds spent	121,986.24
Funding Received from PEIF	100,000.00
Outstanding funding to be released by PEIF to PHSA	21,986.24